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ABSTRACT

This report outlines the Quillayute Valley Child and Family Consortium's End of Year Readiness to Learn program activities, including outcomes through May 1995. The program was established in part by the Washington State Readiness to Learn Initiative, designed to help children benefit from schooling by enabling schools and social services organizations to work together in providing comprehensive services. The central goal of this local program was to meet the needs of at-risk or disadvantaged children and families, creating an environment where students would be more "ready to learn" while in school. Family Service Advocates carried out case management activities to meet this goal. Interventions applied were in areas of domestic violence, child abuse, substance abuse, inadequate health care, teen pregnancy, mental health, and school dropout rates (especially for Hispanics and Native Americans). A decrease in teenage pregnancy, a decrease in the high school dropout rate, improved "on time" graduation rates (including Native American students), and increased enrollment rates for school aged Hispanics were some of the program benefits. Included in the report are activities and outcomes which occurred during 17 months of project activities and forms used to collect data. Two case studies are provided. (Author/JBJ)

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The Quillayute Valley Child and Family Consortium

Readiness to Learn Project End of Year Report

Submitted to the
Washington State Office of the
Superintendent for Public Instruction
Olympia, WA

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Abstract

This descriptive report outlines the Quillayute Valley Child and Family Consortium's End of Year Readiness to Learn program activities, including outcomes through May, 1995. Established in part by the Washington State Readiness to Learn Initiative, the program took place in several school districts across the state, including the Quillayute Valley School District in Forks, Washington. The central goal of this local program was to meet the needs of at-risk or disadvantaged children and families, creating an environment where students would be more "ready to learn" while in school. Family Service Advocates carried out case management activities to meet this central goal. Interventions applied were in the areas of domestic violence, child abuse, substance abuse, inadequate health care, teen pregnancy, mental health, and school dropout rates (especially for Hispanics and Native Americans). Included in the report are activities and outcomes which occurred during seventeen months of project activities (January, 1994 through May, 1995). Included in the Attachments section are forms used to collect data.

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Executive Summary

The Quillayute Valley Child and Family Consortium's Readiness to Learn project was established in part by the Washington State Readiness to Learn Initiative. This initiative was authorized by the state's 1993 Education Reform Act to help children benefit from schooling by enabling schools and social service organizations to work together in providing comprehensive services for young people and their families. The Quillayute Valley Child and Family Consortium sought to meet this initiative by forming a cooperative among social service agencies, the school district, and health professionals. The central goal of the project was to meet the identified needs of children and families, creating an environment where students would be more "ready-to-learn" while in school. Interventions applied to meet this central goal were in the areas of domestic violence, child abuse, substance abuse, inadequate health care, teen pregnancy, mental health, and high rates of high school non-completion among minorities.

During seventeen months of project activities (January, 1994 through May, 1995), the following activities and outcomes were noted:

- 273 families received needed services
- 382 students received needed services (210 short-term, 172 sustained)
- 626 mental health services were provided by West End Outreach Services (includes 242 mental health services to juveniles)
- 171 students and families received services from the Department of Social and Health Services/Child Protective Services
- 193 referrals were made for dental services
- Sexual assault services were provided on 46 instances
- Prevention information was shared to 911 students
- 510 cases of children affected by domestic violence
- 249 cases of care givers receiving domestic violence services
- Shelter being provided to 119 children and care givers
- A decrease in teenage pregnancies
- A decrease in the high school dropout rate

- Improved "on-time" graduation rates for all students (including Native American students)
- Increased enrollment rates for school-aged Hispanics
- Development of a Summer Youth Recreation program
- Establishment of a "Learning Home" for homeless adolescents working towards a high school diploma

Of the students receiving services from the project, 53% were female, and 47% were male (based on 345 students receiving services during academic months). Ethnically, 74% of the students worked with were Anglo, 14.5% were Native American, 10% were Hispanic, and 1.5% were African American.

The Quillayute Valley Child and Family Consortium

Introduction

The Quillayute Valley Child and Family Consortium's Readiness to Learn project was established in part by the Washington State Readiness to Learn Initiative. This initiative was authorized by the state's 1993 Education Reform Act to help children benefit from schooling by enabling schools and social service organizations to work together in providing comprehensive services for young people and their families. The Quillayute Valley Child and Family Consortium sought to meet this initiative by forming a cooperative among social service agencies, the school district, and health professionals.

The aims of the consortium (through the cooperative) were to implement a series of interventions (e.g., case management, counseling) to address the needs of the school district and the surrounding community. These interventions were carried out by Family Service Advocates and a Family Service Assistance Team, whose members included representatives of the Quillayute Valley School District (located in Forks, Washington), West End outreach Services (local mental health agency), Forks Abuse Program (local domestic violence shelter), the Department of Social and Health Services/Child Protective Services, and Sunshine/Rainbows (local early childhood intervention program). The central goal of the project was to meet the identified needs of children and families, creating an environment where students would be more "ready to-learn" while in school.

Project activities were carried out within the confines of the Quillayute Valley School District's boundaries, located in the Northwestern portion of the Olympic Peninsula in Washington state. This is a rural area of Western Clallam County, which includes the communities of Forks, Beaver, Sappho, and Bear Creek, as well as the Tribal communities of La Push (Quilleute Tribe) and Lower Hoh (Hoh Tribe). This regional area has a population of approximately 7,500 (Clallam County Comprehensive Plan, 1994). The Quillayute Valley School District's 1994-95 enrollment was 1,685 students. Of the students receiving services from the project, 53% were female, and 47% were male (based on 345 students receiving services during academic months). Ethnically, 74% of the students worked with were Anglo, 14.5% were Native American, 10% were Hispanic, and 1.5% were African American. The total number of students receiving services during reported project activities (including participation in a Summer Youth Recreation program) was 382.

Project Goals and Objectives

As noted earlier, the central or overall goal of this project was to meet the identified needs of children and families in order to place the children in the position to be more "ready-to-learn." Interventions were determined to be necessary in the areas of domestic violence, child abuse, substance abuse, inadequate health care, teen pregnancy, mental health, and high rates of high school non-completion among minorities. From these areas, the following goals and objectives were identified:

Goals	Objectives
Address the needs of children of abusive families.	Provide Shelter Provide assessment and referral to accommodate child's needs. Provide summer therapeutic group for students
Lower rate of domestic violence and sexual abuse in the community.	Provide prevention education for grades 4-12 in public and tribal schools.
Meet the needs of homeless adolescents.	Provide temporary shelter for homeless adolescents/teen parents and their children.
Meet the educational needs of the minority populations within the community.	Provide greater access to academic and vocational programs relevant to the needs of the minority.
Address the needs of adolescent sexual abuse victims.	Provide assessment and referral for treatment.
Meet the basic needs of health care for all at-risk children.	Provide on-site health and dental care for children in need.

Specific activities to meet these goals and objectives were developed as part of the project, and carried out by the Family Service Advocates and the Family Service Assistance Team.

Project Activities

Project activities were developed to address features identified by the consortium as a way of meeting project goals and objectives. These features include:

- On-campus medical and dental services. Medical and dental screenings were performed by the school nurse and medical staff in cooperation with the Washington State Department of Social and Health Services Healthy Kids program. Three Family Service Advocates coordinated this effort with the local dental provider.

- On- and off-campus dental services. Provision for dental services to be made accessible to every child in the district, by utilizing Title XIX funding and Readiness to Learn grant funding. Three Family Service Advocates, the school nurse, and the local dental provider coordinated this effort.

- On-campus family advocacy using holistic, culturally sensitive approaches to serving the student as well as the family following the "Readiness to Learn" principals. Three Family Service Advocates coordinated and performed case management duties to implement this activity.

- Regular, collaborative case planning for student needs by case managers and consortium service providers. Three Family Service Advocates worked jointly with the professional staff of consortium members, Child Protective Services, the Department of Social and Health Services, West End Outreach Services (mental health), Forks Abuse Program, and Quillayute Valley School District counselors and administrators.

- Utilization of the community's sexual assault and domestic violence program staff to provide sexual assault and domestic violence education in classrooms. Forks Abuse Program staff performed this education in classrooms of the Quillayute Valley School District.

- The "Learning Home" concept for homeless adolescents and/or teen parents (through high school completion). Coordinated by the Home Economics instructor and Carpentry classes at the local high school.

- Sexual Abuse Treatment Program. West End Outreach Services provided additional staffing in order to address this concern in the community. Family Service Advocates worked in coordination with the school counselors and Child Protective Services to identify children appropriate for services.

- Minority, teen parents, homeless and employed students provided with the means to continue their progress toward high school graduation through flexible options and scheduling of classes. Creation of the Night School program, a school district program, directly addressed this need.

- Emergency shelter for families fleeing domestic violence. The Forks Abuse Program increased their capacity for shelter care and coordination of services through the Readiness to Learn project.

- Provision for transportation to children and families in need of transportation service. Three Family Service Advocates either provided or made appropriate linkages for transportation to access local social services.

Implementation and Evaluation of Project Activities

Implementation

Prior to the beginning of major project activities, a consortium meeting was held (February, 1994) at which key personnel reviewed activities outlined in the project proposal, and how best to approach them. Three questions addressed during this process were: 1) Where are we now?, 2) Where would we like to be this Winter/Spring?, and 3) What do we need to do to get there? Project personnel addressed these questions through the development of service delivery teams and the finalization of a comprehensive support service network.

Factors relating to service delivery were addressed, such as (for example) confidentiality issues, the type of data to track, and the establishment of a referral process. Specific job duties were discussed, as was the best way to coordinate the consortium's efforts. As a follow-up, a schedule of regular consortium meetings was established to oversee project activities.

To carry out the project activities, a process was developed by the Consortium Management Team to oversee all Readiness to Learn project activities in terms of implementation, and in terms of fiscal responsibility and accountability. The Family Service Management Team, made up of personnel representing the various consortium agencies, was formed in order to provide assistance and guidance to Family Service Advocates in carrying forth project components to the appropriate children and families. The Family Service Advocates were identified as the family's and children's direct link to services. Project-related activities for these three groups were as follows:

The *Consortium Management Team* would meet on a monthly basis to review program activities, and make adjustments as appropriate. Individual agency department heads would report on their individual programs in terms of progress, problems, and fiscal reporting, and recommendations for continuance or change are considered at that time.

The *Family Service Assistance Team* would meet on a monthly basis in order to receive input from the Family Service Advocates regarding service delivery. Methods for providing service delivery to family and children would be discussed, and decisions regarding implementation of these services made. Exceptional cases would then be studied by this group in order to best provide services to families.

The *Family Service Advocates* would receive referrals on appropriate families and children from school counselors. These referrals would then be discussed between the Family Service Advocates, school counselors, and any other appropriate agency representatives as necessary to achieve positive outcomes. The Family Service Advocates would then meet with the children and families to inform them on next steps, and to receive feedback regarding wants and needs of the family. They would then actively carry out the plan of action as agreed upon.

Evaluation

The evaluation of the project focused on a) helping the consortium's service delivery teams develop a process for carrying out activities (formative), and b) tracking outcome data associated with these activities (summative). This evaluation approach was chosen to document the approach used in meeting the goals and objectives outlined by the teams, and to determine the impact made during this first cycle.

Much of the process evaluation was carried out during the initial phase of the project. A consortium meeting was held at which specific teams (and their roles) were identified (as described above). The service delivery process and other project activities were "re-visited" during regular consortium meetings. It was also during these meetings that outcome-related measures were decided upon.

It was decided that outcome-related measures to track would focus on the increased access of services for at-risk students and their families. Specific Readiness to Learn project-related activities to track included the following:

- Number of families served
- Number of children served

- Number of children served with immediate or short-term services
- Number of children served with sustained or more extensive services
- Number of clients receiving counseling services from West End Outreach Services
- Number of students and families receiving services from the Washington State Department of Social and Health Services/Child Protective Services (under the Readiness to Learn project)
- Number of students screened/referred for dental services (including number requiring Readiness to Learn dollars to pay for services, and those who have Medicaid medical coupons or private insurance)
- Violence prevention reports
- Shelter care reports
- Mental health services reports
- Teen pregnancy/parenting reports
- School district statistics

These activities were tracked during the first twelve months of the project (January 1, 1994 through December 31, 1994), and again during the first five months of 1995. In addition to the above, the Summer Youth Recreation Program, which was developed as part of the Readiness to Learn project, was held during the Summer of 1994. A description of this program can be found following the project results section of this report.

Project Results

The following results were compiled from data collected during eighteen months of the project's activities (January 1, 1994 through June 14, 1995), and reflect progress made through May, 1995. A central focus of this initial project cycle was on start-up activities and providing services to students and families. Following are initial results on this focus.

Number of Families Served

Families were identified as needing Readiness to Learn interventions through referral procedures involving the school counselor and/or other social service agency representatives. In most cases, this process started because of initial contact with a family's child by a classroom teacher.

During the first twelve months of project activities (January through December, 1994), 190 families were targeted to receive Readiness to Learn-related services from the Family Service Advocates. During the first five months of 1995, this number had increased by 44% to 273 (see Figure 1).

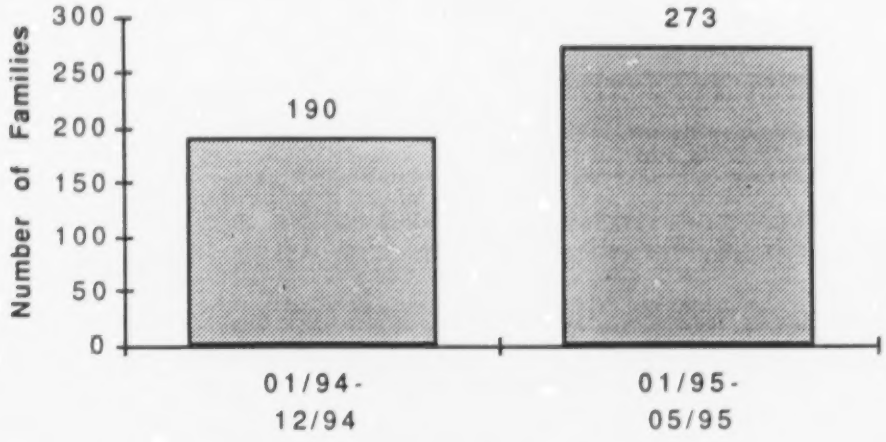


Figure 1
Families Served

Number of Children Served

Children were identified as needing Readiness to Learn interventions through referral procedures involving the school counselor, and/or other social service agency representatives. As with the families (above), this process started because of initial contact by a classroom teacher.

During the first twelve months of project activities (January through December, 1994), 250 children were targeted to receive Readiness to Learn-related services from the Family Service Advocates. During the first five months of 1995, this number had increased by 53% to 382 (see Figure 2).

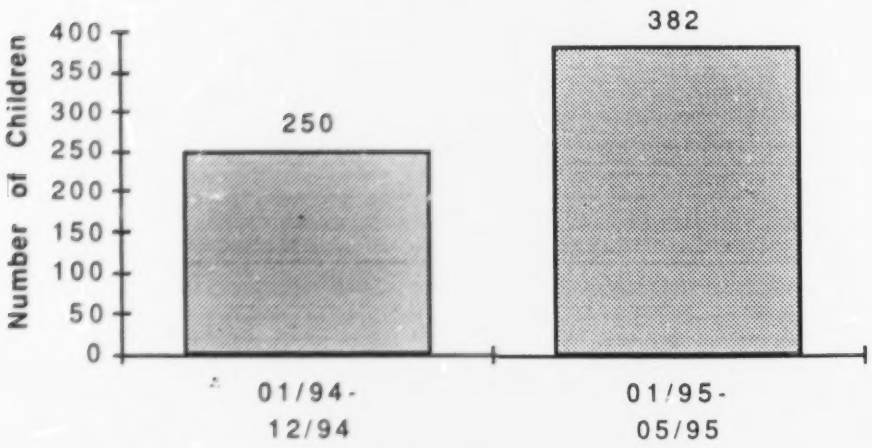


Figure 2
Children Served

Number of Children Served With Immediate or Short-Term Services

During the first twelve months of project activities (January through December, 1994), 137 children were targeted to receive short-term or immediate services from the Family Service Advocates. These services included dental, medical, and school-related services (e.g., attendance problems). During the first five months of 1995, this number had increased by 53% to 210 (see Figure 3).

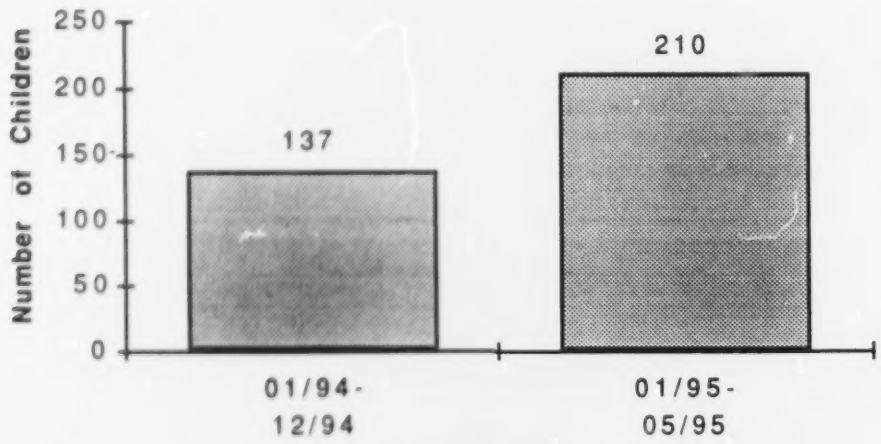


Figure 3
Immediate or Short-Term Need

Number of Children Served With More Extensive Services

During the first twelve months of project activities (January through December, 1994), 113 children were targeted to receive more extensive or sustained services from the Family Service Advocates. Examples of these included services to address multiple needs, such as West End Outreach Services counseling, formal case management, and ongoing or continued contacts to help meet set goals. During the first five months of 1995, this number had increased by 52% to 172 (see Figure 4).

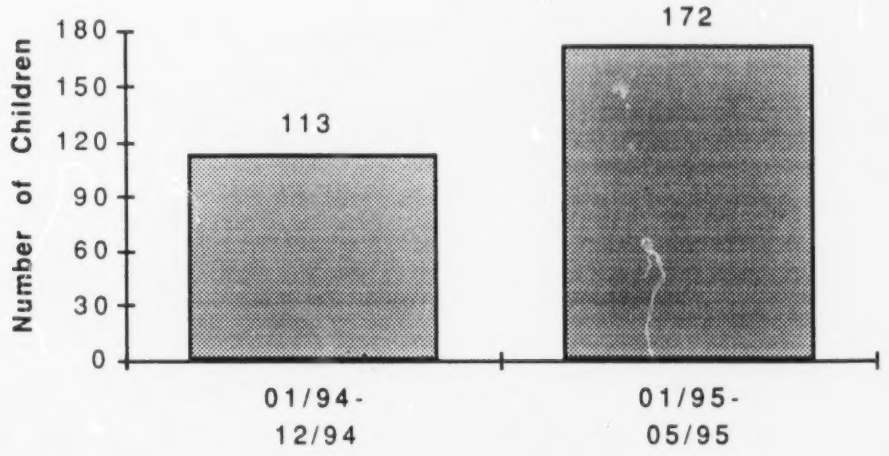


Figure 4
Extensive or Multiple Needs

Counseling Services From West End Outreach Services

Prior to Readiness to Learn project activities (1993), West End Outreach Services provided counseling services to 178 clients (students or family members). During the first twelve months of project activities (January through December, 1994), this number increased to 367 clients (106% increase). This was due in part to the Readiness to Learn referral process set up in the schools. As children were identified as in need of an intervention, the Family Service Advocates became the child's and family's direct link to mental health services. These were based on referrals from the Family Service Advocates. Counseling was conducted to address factors such as depression, conduct disorder, adjustment disorder (teen pregnancies, family deaths, divorces, etc.), sexual abuse issues, and suicide ideation. During the first five months of 1995, the agency has provided services to 259 clients (see Figure 5).

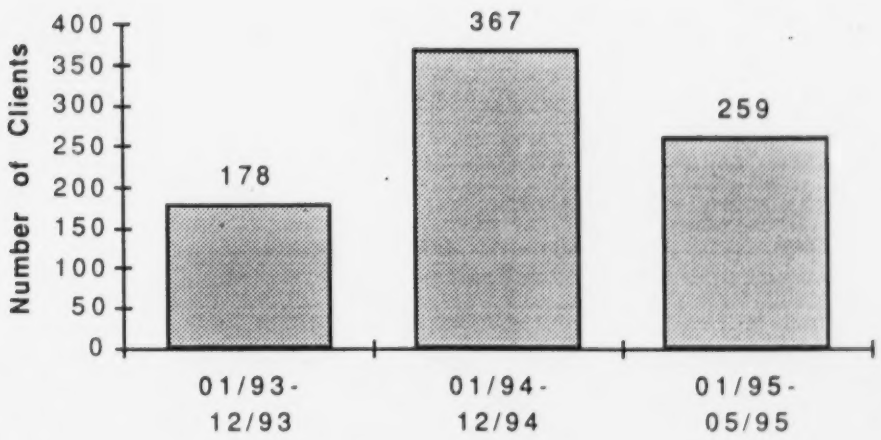


Figure 5
West End Outreach Services' Clients

Number of Students and Families Receiving Services From DSHS/CPS (Under the Readiness to Learn Project)

During the 1993-1994 academic year, eighty students and families received assistance from the Department of Social and Health Services/Child Protective Services. For 1994-1995, this number increased to 171 (114% increase - see Figure 6) Readiness to Learn participants. However, this was one particular aspect of service delivery that families were successful in utilizing independent of Readiness to Learn. Local information provided by the Department of Social and Health Services and the media, referencing new guidelines for eligibility, led to an increased awareness which encouraged family enrollment. For 1994-1995, the 171 Readiness to Learn students and families were eligible (through Medicaid medical coupons) to receive Title XIX services. This amounted to a 69% eligibility rate. Of these Title XIX eligible students and families, Family Service Advocates directly referred twenty-four of them to access benefits from the Department of Social and Health Services (over the seventeen months of reported project activities).

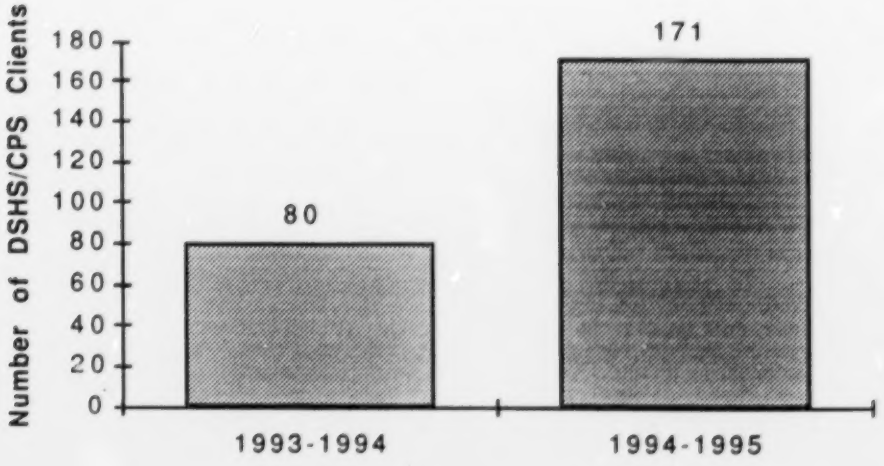


Figure 6
Students and Families Receiving Services from DSHS/CPS

Number Of Students Screened/Referred For Dental Services

Dental screenings were initiated by the school district nurse in the form of a screening/information sheet sent home with each child in the district. The questionnaire helped identify a) the perceived need for dental care, b) the time period in which the child was last seen by a dentist, c) a source of dental coverage (e.g., medical coupons, insurance), and d) a request for a dental intervention. Based upon responses, the nurse screened, identified, and prioritized those children in need of a dental intervention. Families were then contacted by Family Service Advocates to determine what amount of assistance was needed to facilitate the children receiving dental care. These services were especially helpful for the growing Hispanic population in the community. Two of the Family Service Advocates are bilingual, and were able to help Spanish-speaking families obtain needed dental services.

During the first twelve months of project activities (January through December, 1994), 138 children were screened and referred for dental services by the Family Service Advocates. During the first five months of 1995, this number had increased by 40% to 193 (see Figure 7). This included children who required Readiness to Learn dollars to pay for services (95 during 1994, 107 during the first five months of 1995), and those who had Medicaid medical coupons or private insurance (43 during 1994, 85 during the first five months of 1995).

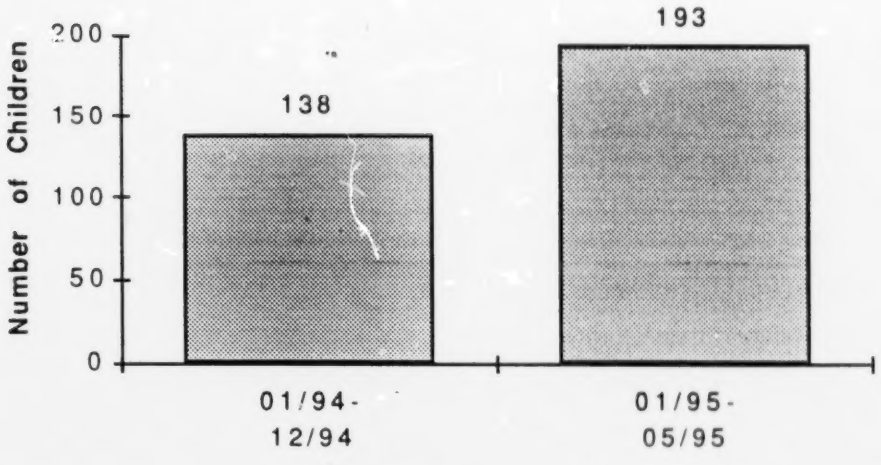


Figure 7
Children Referred For Dental Services

Violence Prevention Reports

In response to this community's rise in the areas of family violence, date rape, and sexual assault, the Readiness to Learn project developed a violence prevention component to be facilitated by the Forks Abuse Program. This agency utilized existing programs (augmented by additional funding) as a means of increasing the scope of their services and addressing the need for shelter care, domestic violence advocacy, legal advocacy, and sexual assault advocacy. Utilizing a prevention model, Forks Abuse Program staff worked in partnership with school personnel to implement a series of violence prevention classes.

Children Receiving Sexual Assault Services

Prior to Readiness to Learn project activities (1993), the Forks Abuse Program reported that nineteen children received sexual assault services. During the first twelve months of project activities (January through December, 1994), this number decreased to fourteen children (26% decrease). However, during the first five months of 1995, thirty-two children have received sexual assault services (see Figure 8).

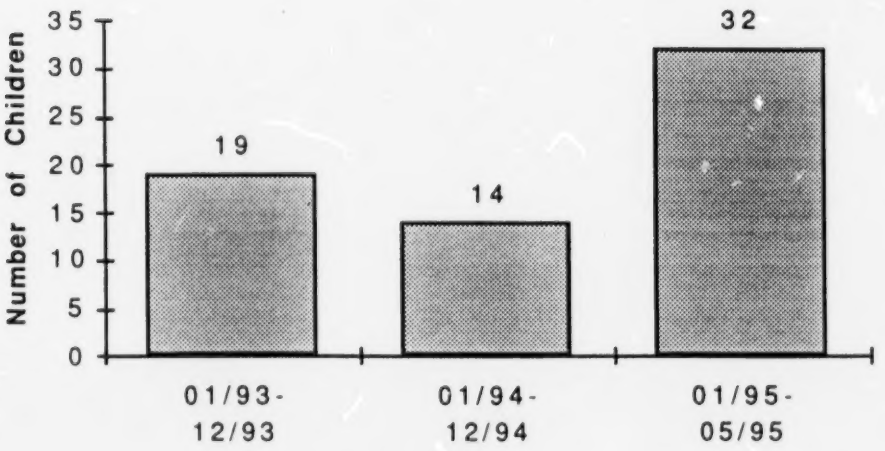


Figure 8
Children Receiving Sexual Assault Services

Students Receiving Prevention Information

Prior to Readiness to Learn project activities (1993), the Forks Abuse Program reported that 336 students received prevention information. This included information on (for example) date rape, dating violence, and personal safety. During the first twelve months of project activities (January through December, 1994), this number increased to 543 children (62% increase). During the first five months of 1995, 368 students had received prevention information (see Figure 9).

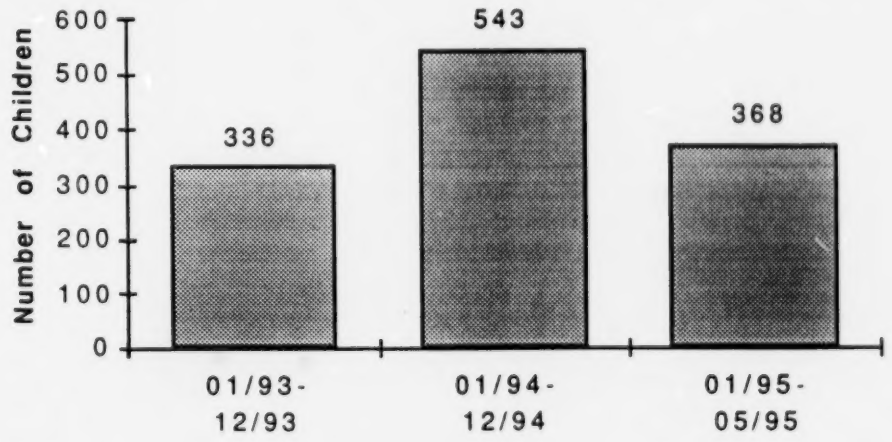


Figure 9
Students Receiving Prevention Information

Children Affected by Domestic Violence

Prior to Readiness to Learn project activities (1993), the Forks Abuse Program reported that 223 children were reported as being affected by domestic violence. During the first twelve months of project activities (January through December, 1994), this number increased to 274 children (23% increase). During the first five months of 1995, 236 were reported as being affected by domestic violence (see Figure 10).

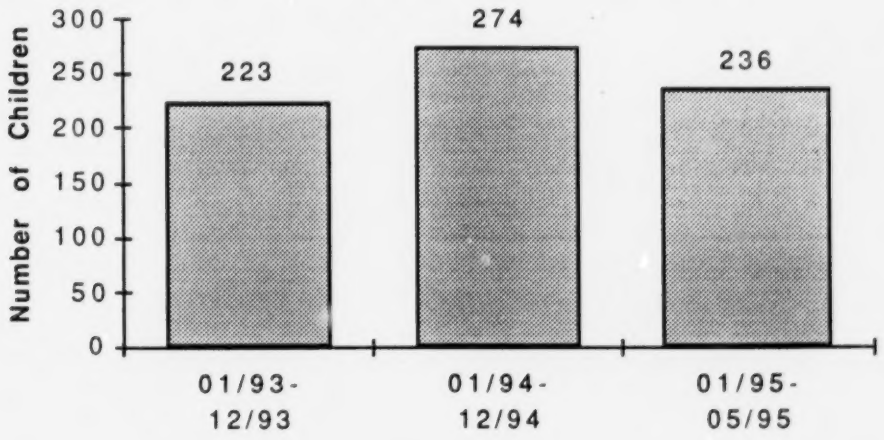


Figure 10
Children Affected by Domestic Violence

Primary Care Givers Receiving Domestic Violence Services

Prior to Readiness to Learn project activities (1993), the Forks Abuse Program reported that 128 care givers (i.e., parents, guardians) received domestic violence services. During the first twelve months of project activities (January through December, 1994), this number increased to 161 care givers (26% increase). During the first five months of 1995, 88 care givers were reported as receiving domestic violence services (see Figure 11).

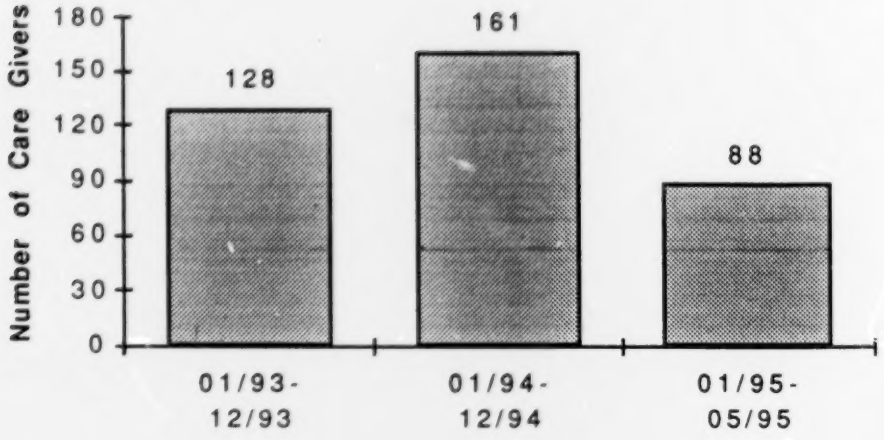


Figure 11
Care Givers Receiving Domestic Violence Services

Shelter Care

In recognizing the need for additional shelter care for victims fleeing domestic violence, the consortium made provisions for funds to be directed to the Forks Abuse Program. This allowed the agency to provide for a shelter coordinator, and to increase their capacity for providing residential shelters for children and families.

Children Sheltered With Their Parent or Guardian

Prior to Readiness to Learn project activities (1993), the Forks Abuse Program reported that shelter was provided for forty-nine children and a primary care giver (e.g., mother). During the first twelve months of project activities (January through December, 1994), this number increased to eighty-two children (67% increase). During the first five months of 1995, thirty-seven children were reported as having been sheltered with a primary care giver (see Figure 12).

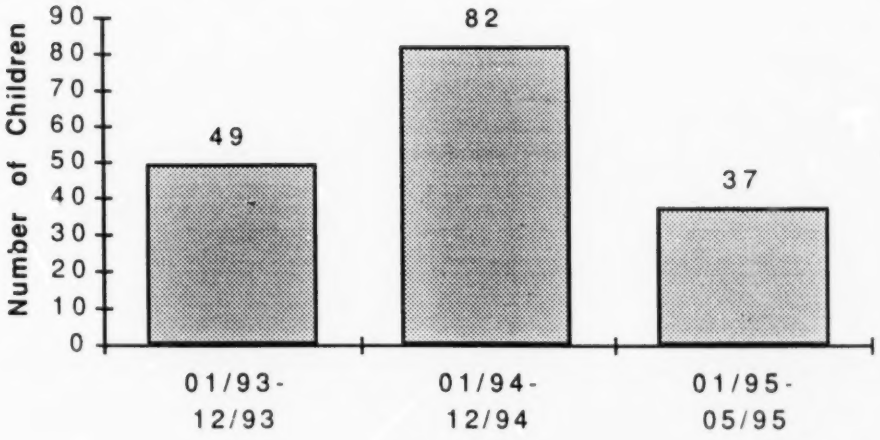


Figure 12
Children Sheltered With Primary Care Giver

Forks Abuse Program reports that for all of 1993, approximately 1,098 clients received services. There were 1,485 bed-nights (number of nights child and/or care giver spent in shelter) reported for this same period. For 1994, this number increased slightly to 1,497 bed-nights (1,117 clients).

Mental Health Services Reports

West End Outreach Services Reports

West End Outreach Services is the mental health provider in the Quillayute Valley School District community. As a key member of the Readiness to Learn Consortium, they employed the project's three Family Service Advocates, and provided the clinical supervision necessary for the Family Service Advocates to deliver case management services to families. West End Outreach Services therapists provided the mental health counseling to identified children and families through the Readiness to Learn project.

In 1993, prior to Readiness to Learn project activities, West End Outreach Services reported that 133 juveniles received mental health services. During the first twelve months of the Readiness to Learn project activities (January through December, 1994), this number decreased slightly to 130 juveniles (2% decrease). During the first five months of 1995, 112 juveniles were reported as having received mental health services (see Figure 13). For juveniles who qualified for services under Title XIX, these numbers were 85 for 1993, 98 for 1994, and 90 for the first five months of 1995 (see Figure 14).

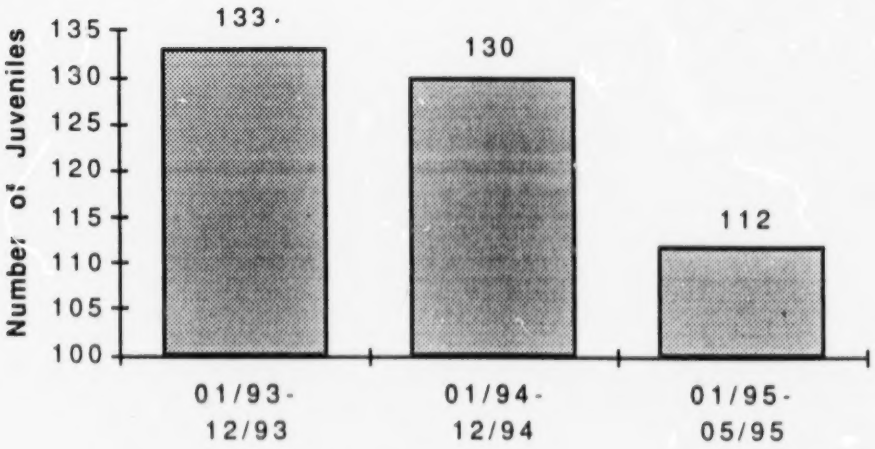


Figure 13
Juveniles Receiving Mental Health Services

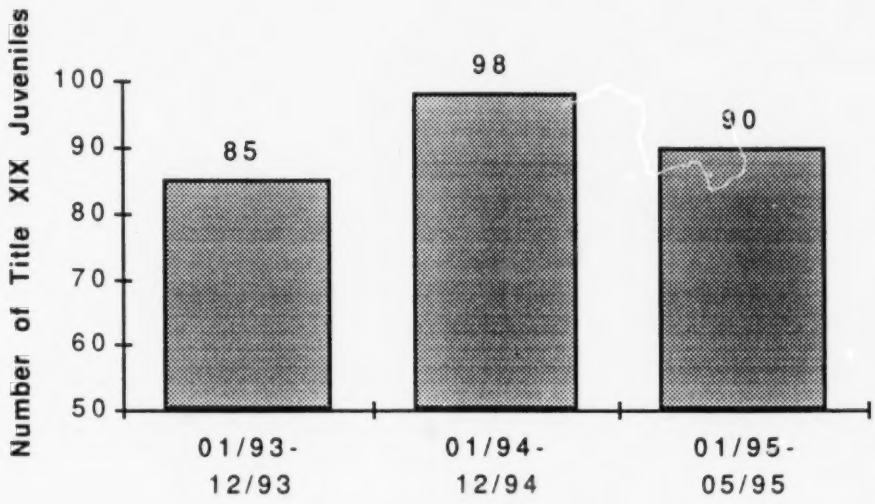


Figure 14
Title XIX Juveniles Receiving Mental Health Services

Teen Pregnancy/Parenting Reports

Teenage pregnancy was tracked in order to determine a rate of increase or decrease, and to put to the test any trickle-down effect from the prevention classes facilitated by the Forks Abuse Program. Prior to Readiness to Learn project activities (1993), the school district's high school and alternative school reported seventeen teenage pregnancies. During the first twelve

months of project activities (January through December, 1994), this number decreased to fifteen teenage pregnancies (13% decrease). During the first five months of 1995, there were four teenage pregnancies reported (see Figure 15). Associated with these pregnancies, the school district reported that in 1993 four teenage fathers were acting as care givers. This number decreased to two in 1994. Thus far in 1995, there are no reports of teenage fathers acting as care givers.

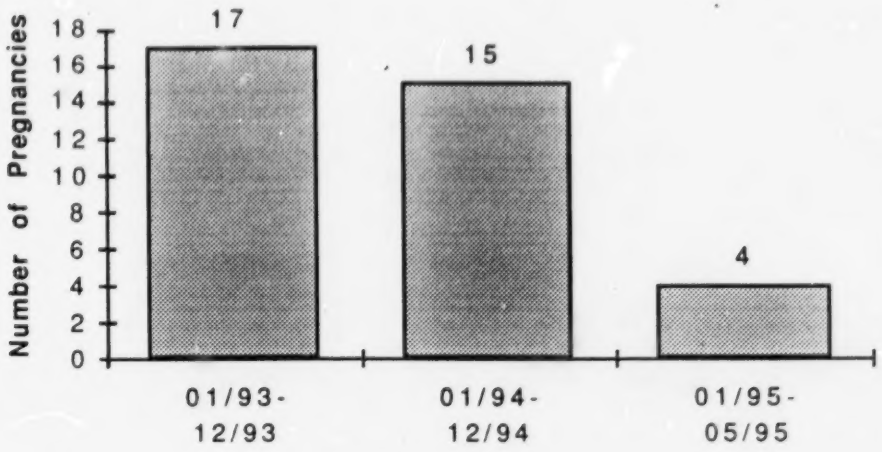


Figure 15
Reported Teenage Pregnancies

School District Statistics

Attendance and Dropout Rates

During the 1993-1994 academic year, Quillayute Valley School District attendance rates for the elementary, middle, and high schools were 94%, 92%, and 90%, respectively. For the 1994-1995 academic year, these rates were 94%, 91%, and 87% (see Figure 16). For the 1993-1994 academic year, the high school experienced a 6% dropout rate (33 students); this decreased to 3% for the 1994-1995 academic year (18 students - see Figure 17).

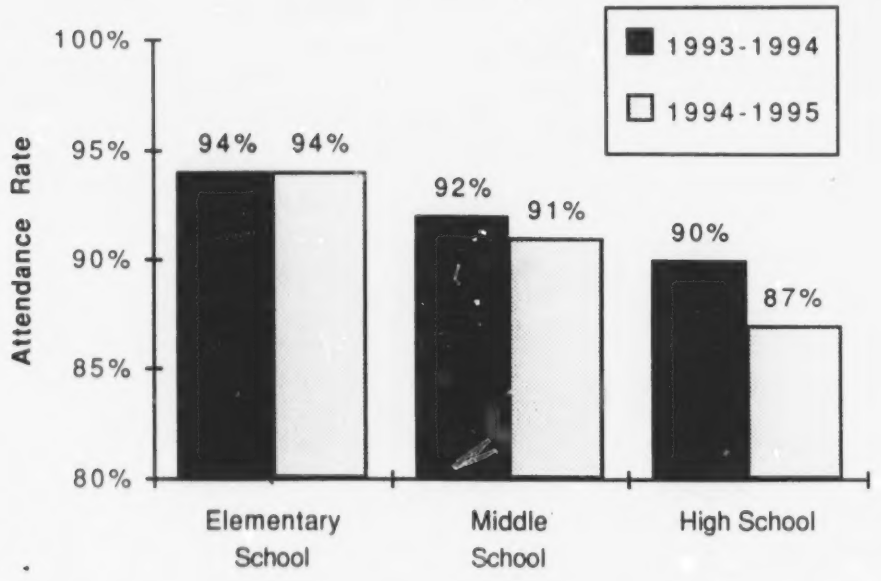


Figure 16
Attendance Rates

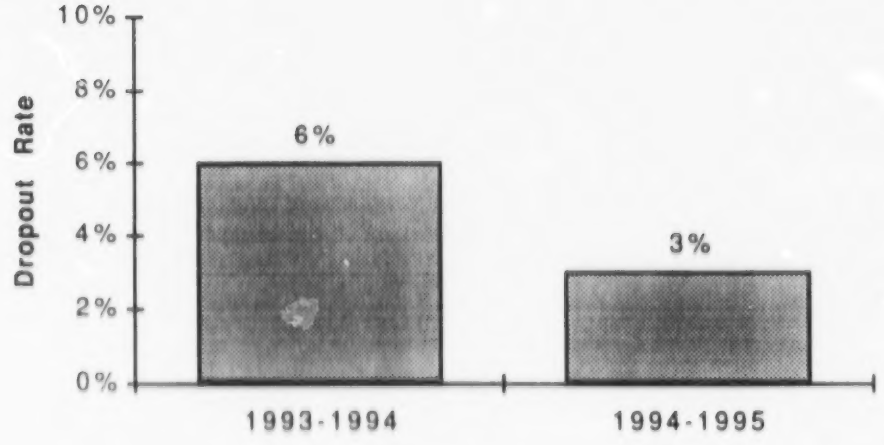


Figure 17
High School Dropout Rate

Graduation Rates (overall and on Native American students)

During the 1992-1993 academic year, the Quillayute Valley School District experienced a 93% "on-time" graduation rate among seniors. For the 1993-1994 academic year, this increased to 100% (see Figure 18). (Note: the 1994-1995 academic year was still in session at the time of this report.) Among Native American students, there was a 43% "on-time" graduation rate during 1992-1993 (three out of seven students). This increased to 77% for 1993-1994 (seven out of nine students) (see Figure 19).

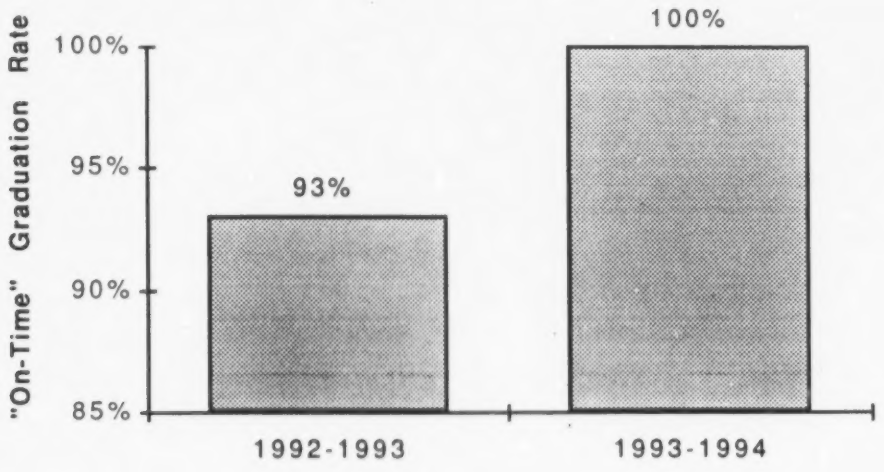


Figure 18
"On-Time" Graduation Rate

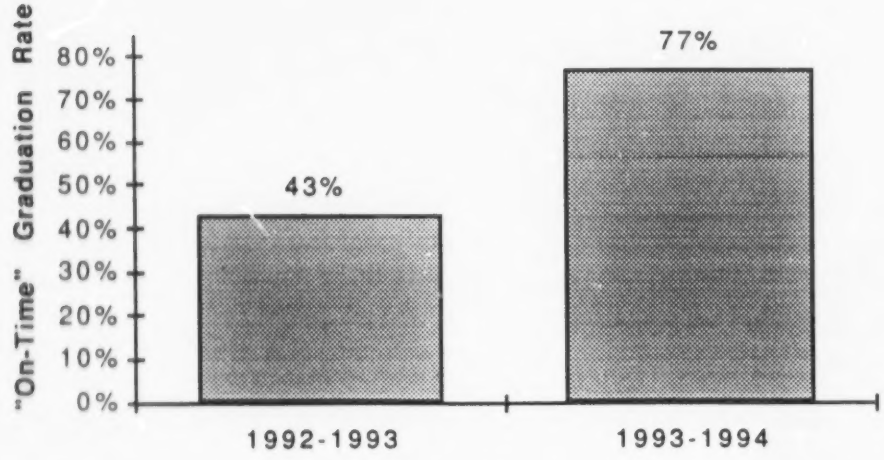


Figure 19
"On-Time" Graduation Rate for Native Americans

Hispanic Students Enrolled

A special emphasis was placed on getting Hispanic students enrolled in school. This was of special interest to the project's consortium, as there is a growing Hispanic population in the area. For the 1993-1994 academic year, the enrollment rate among school-age Hispanics was 68% (108 out of 158 students). This increased to 76% for the 1994-1995 academic year (112 out of 147 students) (see Figure 20).

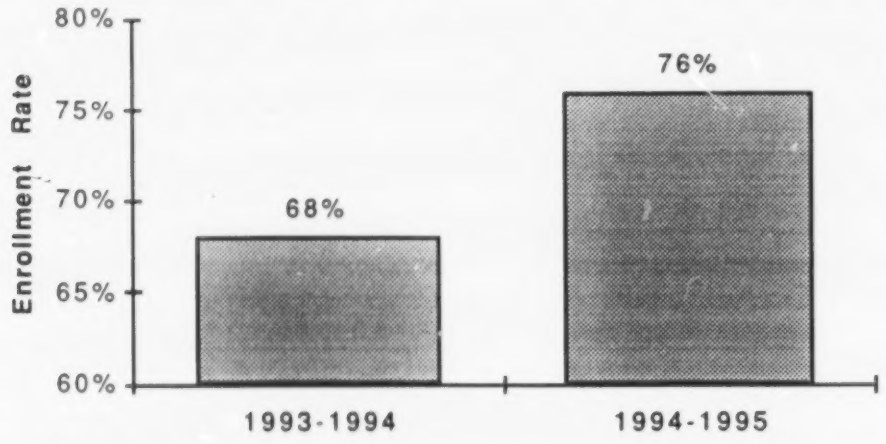


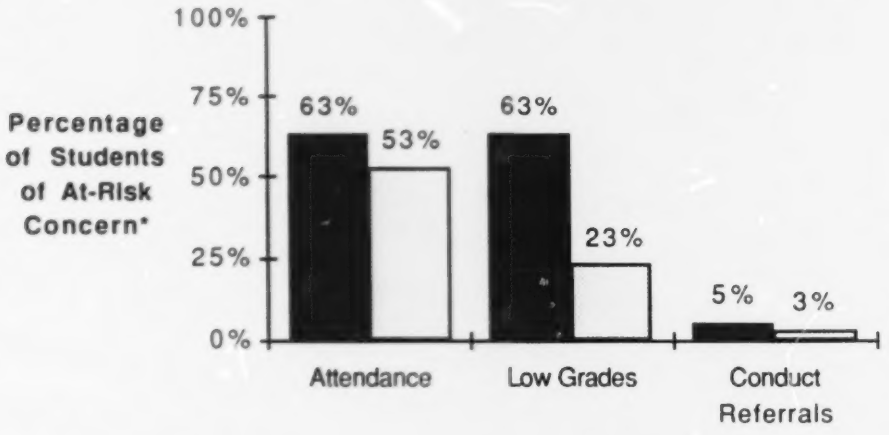
Figure 20
Enrollment Rate Among School-Age Hispanics

Attendance, Grades, and Conduct

Student and family data were entered into a computer-based case management system that assisted the Family Service Advocates in maintaining a database on part of their caseload. Known as the Computer-Assisted Risk Accountability System (CARAS), this software application maintains up-to-date data on clients. From this system, attendance, grades, and conduct data were derived on fifty-six students (forty from one Family Service Advocate, and sixteen from another). Complete pre-post data in these three areas were available for these fifty-six students, with the baseline being the 1993-1994 academic year. Data were collected through the third quarter (mid-March) of the 1994-1995 academic year. (Data for the last quarter of the 1994-1995 academic were unavailable at the time of this report.)

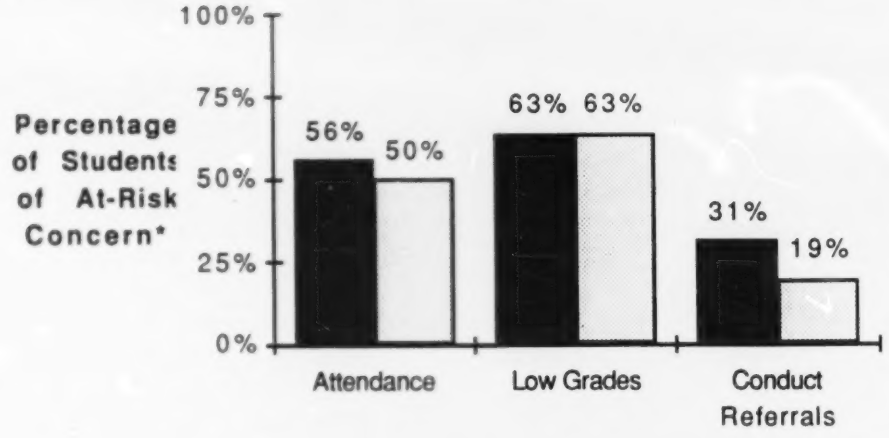
Criteria for being at risk of school failure in these areas were a 10% or more absence rate, a 10% or more incidence of low or failing grades, and one or more conduct referrals made during a given quarter. Students meeting these school-related criteria were deemed as "Students of At-Risk Concern."

Figures 21 and 22 reflect improvements made during the reported project activities for the two caseloads for which data were collected in these areas.



10* or more days missed; 10% or more low grades; one or more conduct referrals per quarter

Figure 21
Percentage of Targeted Students of At-Risk Concern for Attendance, Low Grades, or Conduct Referrals (Caseload One) (n=40)



10* or more days missed; 10% or more low grades; one or more conduct referrals per quarter

Figure 22
Percentage of Targeted Students of At-Risk Concern for Attendance, Low Grades, or Conduct Referrals (Caseload Two) (n=16)

As can be seen in Figure 21, improvement was seen in all three areas. In Figure 22, improvement was seen in attendance and conduct referrals. In the area of low grades, the data remained stable.

Summer Youth Recreation Program

Recognizing the lack of a recreational component in this community that would specifically address the needs of children during the Summer months, the consortium supported the creation of a Summer Youth Recreation Program, which was facilitated by the Family Service Advocates and community volunteers. This program specifically targeted those Readiness to Learn children and families who had been identified during the referral process. Recreation activities including gymnastics, tumbling, field games, gymnasium games/sports, music, arts and crafts, and educational field trips were presented to all the children in the community, as well as the Readiness to Learn-affiliated families.

While not originally outlined in the scope of project activities, this program, while providing a needed local service, also enabled Readiness to Learn staff another means of checking-in and working with identified Readiness to Learn children and families. A flyer containing specifics on the program can be found in the Attachments section of this report.

Case Studies

To document some examples on how the Readiness to Learn project is helping students and families, two of the Family Service Advocates provided stories on the cases they worked with. The first focuses on a family, and the second on an adolescent female student, age sixteen. Pseudonyms are used in place of real names.

Case Study One

This case study entailed a Family Service Advocate facilitating an Individualized and Tailored Care Plan for a family involved with the Department of Children and Family Services (DCFS) and mental health system for more than ten years. Neither system was successful in meeting the needs of this family, nor was sufficient support provided by them. Upon initial contact the Family Service Advocate found that one child, a sixteen year-old Native American female, was placed out of the home in a highly structured foster placement setting, with intensive counseling services. Family visits were minimal due to the great distance the family lived from the foster placement site (a four-hour drive). This distance was intensified during the winter, considering the depressed economic condition and the poor road conditions. The agency where the child was placed interpreted the parents lack of visits as a refusal to participate in treatment. The problems

were compounded because of a lack of stability regarding DCFS caseworkers assigned to the family. Because of a high turnover rate, this family had five different caseworkers assigned to them in the last one and a half years. Yet this is the area where the family's needs are best met: in-home visits. Extended family and community support on the reservation was non-existent.

With the help of a regional consultant, arrangements were made by the Family Service Advocate to begin facilitation of an Individualized and Tailored Care plan. Community resource needs were addressed by initiating the training of community members in the Native American Peacemaker Training (conflict mediation) program. The $4,000 fee to initiate the program was granted by the state. Training began in June, 1995. This training also included parents as a central focus. As part of this program, placement of the child will be sought out to bring her closer to home, with the goal of final placement back into the home.

Family needs vary, from basic needs such as food, telephone, house cleaning and painting, to an on-call specific crisis counselor and respite care worker who is available to step in and stay with the child if anger outbursts and safety issues are to arise. Cultural needs are being addressed regarding the child, with her learning respect for the Elders in the community, and actively taking part in traditional respectful behavior. Parental needs include counseling on the reservation, as well as modeling of communication skills, as opposed to attending classes. Mediators will also be made available in the community. Much work is yet to be done with the tribal police who have in the past refused to respond to calls to this family.

Work with this family is an on-going process, as yet it is in the principal stages of development. Budgeting discussions are currently taking place while the family and the child both seek a local foster placement that is willing to work with the family and the counselor. The major and very important change has been that the family now has a voice in the process of bringing their family back together in a healthy and stable fashion.

Case Study Two

"Sarah," a sixteen year-old sophomore, moved into the school district with her grandmother. Sarah had essentially been raised by her grandmother and grandfather due to early age sexual abuse by her biological father. In recent years, her grandmother was forced to leave her grandfather because of domestic violence issues. They were new to the community, new to the school district, and in tremendous need of immediate support. Financially, they depended solely on the Department of Social and Health Services for grant support and medical coupons.

The Family Service Advocate assigned to the Alternative School had previously implemented a plan of action with the school's lead teacher. She also assisted with the registration process in order to meet students and families as they began the school year (thus making her immediately available to respond to any immediate needs of the families). Sarah and her grandmother became an instant referral upon meeting with the Family Service Advocate, and the process was begun to assist them.

The immediate concern was for Sarah to be entered into counseling in order to be actively treated for depression stemming from her earlier sexual abuse. She was immediately connected with West End Outreach Services, which is a project consortium member and the local mental health provider. Sarah's grandmother was also assisted in accessing counseling in order to address multiple personal issues involving domestic violence. The Family Service Advocate assisted the family in locally accessing the Department of Social and Health Services, and updating necessary paperwork.

In November, 1994, Sarah began experiencing an eating disorder which was immediately tracked to her stressful living environment, which included living in a poorly maintained mobile home. Her uncle (grandmother's son) lived next door and had begun to become sexually aggressive toward Sarah, and physically violent toward her grandmother. Both Sarah and her grandmother feared for their safety, but because of threats from the uncle, they were unable to turn to the police for help.

The family was immediately connected with a local domestic violence shelter program that belonged to the project consortium. This was the Forks Abuse Program, which provided protective shelter care and legal advice. This was immediately followed by a search for a new out-of-area residence in order to make Sarah and her grandmother safe. The Family Service Advocate and Forks Abuse Program worked with Port Angeles (a community fifty-five miles away) rental agencies to make allowances for their dire financial problems, including the need for immediate housing and confidentiality. Forks Abuse Program staff became a literal lifesaver for Sarah and her grandmother, as they were able to financially and "politically" assist them in accessing dependable housing in a safe environment. The Family Service Advocate then assisted the family in transferring their counseling records to a new therapist and case manager at the Port Angeles-area mental health office.

Sarah and her grandmother's needs were met through the Readiness to Learn project. Counseling services, domestic violence services, shelter care, legal advocacy, residential housing, and maintenance of school attendance were among the services received by them. All of this helped place Sarah in a better position to be "Ready to Learn."

Discussion

This report outlines the Quillayute Valley School District's Readiness to Learn program activities, including outcomes through May, 1995. Preliminary planning of program activities began in October, 1993. Full program activities began in January, 1994, and continued through June, 1995. The outcomes reported herein reflect activities carried out from January through December, 1994, and again from January through May, 1995. Thus, many of the comparisons for 1995 reflect only five months of activities, which is reflected in the graphs. While it is possible to estimate or project what data might look like for all of 1995 (based on the first five months), it was not done for this report. There are too many factors to consider for such a projection.

Where available, data were reported on for 1993. In most cases, 1994 data were used as a baseline. In many cases, however, activities reported on were not happening prior to 1994. In some instances, data might show that some activities had no impact. For example, there was a noted increase in the awareness of domestic violence and the need for sexual assault services. It is important to note, however, that these are the result of increased awareness in these areas brought on by Readiness to Learn activities. As a result, there have been reports of cases, whereas in the past such cases would not have been reported.

Most project activities were centered around services provided by the Family Service Advocates. These team members, acting as case managers, provided limited or short-term interventions to 210 students, and sustained targeted services to 172 students (through May, 1995). As seen in the results section, many of these students received services from agencies such as West End Outreach Services and the Forks Abuse Program. In addition to the students, much work was done with their families. This work was mostly in the areas of violence prevention and counseling.

Most of the impact noted with the first cycle of this project (first eighteen months) was in establishing project priorities and establishing a foundation for future case management work. Steady increases in the number of students and families worked with, as well as with referrals for various services, indicates that the Readiness to Learn project activities had an immediate and consistent impact in the area.

Two major project accomplishments were the establishment of a "Learning Home" for youth, and the development of a Summer Youth Recreation program. The Learning Home was established for homeless adolescents wishing to pursue a high school diploma. It allows homeless youths age eighteen or older a place to live while studying. They must show satisfactory progress towards a high school diploma in order to stay there. It will be worthwhile to study the impact such an environment has on

homeless youth in any subsequent project activities. Likewise, a separate study on the impact the Summer Youth Recreation program has on students, particularly Native Americans, would be worthwhile.

Improvements were seen in the areas of attendance, grades, and conduct (for those cases that had complete pre-post data). It would be worthwhile to collect these data on all students participating in future project activities in order to more fully determine the impact of the project on school-related data.

Improvements were also seen in key project areas such as dental services and reaching out to Hispanics. The number of dental referrals steadily increased, providing a much needed service to the community. In addition, the number of school-age Hispanics enrolled in school increased, allowing for increased access to this growing population.

Overall, project activities during the past eighteen months included services received from a variety of sources, including West End Outreach Services, Forks Abuse Program, and the Department of Social and Health Services/Child Protective Services. The project's Family Service Advocates handled nearly 400 cases during this period, providing sustained, full case management services to many of their clients. The project's consortium met on a regular basis, helping to ensure that activities stayed on task.

Attachments

Readiness to Learn

Summary Record of Family Services

Project _____

Contact Person _____

Phone (___)___-____ Fax (___)___-____

For this summary, include all families served between September 1, 1994 and May 31, 1995. If the family has continued from the previous school year, use available records to complete as many questions about referral and characteristics at intake as possible.

For each item, report the number of children or families fitting each category. For example, if you served 100 children and three-quarters were referred by school staff, enter 75 under "School" for the Primary Source of Referral. For most items, the sum across categories should equal the total children or families served for whom information was available on that item. We will compare this sum to the total number of children or families served to determine the extent of missing data.

Where an item can have more than one response (e.g., reasons for referral), a child or family may be counted on more than one line. For these items, you are asked to give the total number of families for whom you have a response to the item.

A family is broadly defined to be those acting as a family unit, including any adults who are acting in a caregiving role for the student referred to RTL (e.g., parents, relatives, foster parents, or other guardians). For this data collection, the definition of family should be confined to those who reside in the same household as the child except when family members are temporarily absent (e.g., a parent has short-term employment away from home or children have been temporarily removed from the home).

A referral is defined as the event which leads to the family learning about Readiness To Learn services. Some projects have a formal referral process for identifying the children most in need. In others, the family learns about services through flyers, radio, or other media and refer themselves.

___ Total number of families served between September 1, 1994 and May 15, 1995
- ___ Continuing families (started before September 1, 1994)
- ___ New families (started after September 1, 1994)

___ Total number of children served between September 1, 1994 and May 15, 1995

Referrals

Report the number of children referred to RTL by the source, and reasons for the referral.

Primary source of referral (*count each child only once*)
- ___ School
- ___ Legal system
- ___ Public Health
- ___ Family Services
- ___ Self-referral (child or parent)
- ___ Other

Primary reasons for referral (*a child may be counted under more than one reason*)
- ___ Attendance (tardies, absence)
- ___ Academic (GPA, grade retention)
- ___ Limited English Proficiency
- ___ Behavior
- ___ Health (medical, dental)
- ___ Mental health
- ___ Family basic needs (food, clothing, housing, transportation, etc.)
- ___ Family support needs
- ___ Family substance use or abuse
- ___ Domestic safety
- ___ Other _____
- ___ **Total children with a reason for referral given**

Child Characteristics

In this section, report the characteristics of the children when Readiness To Learn services began. Count all children referred to the program in each family.

Age when RTL services began
- ___ Under age 5
- ___ Age 5-8
- ___ Age 9-12
- ___ Age 13-15
- ___ Age 16-18
- ___ Age 19-21

Racial group/ethnic background (*count child under group with which he/she most closely identifies*)
- ___ Asian or Pacific Islander
- ___ Native American
- ___ Hispanic
- ___ African American (not of hispanic ongin)
- ___ White (not of hispanic ongin)

English proficiency
- ___ Speaks little or no English
- ___ Speaks some English
- ___ Speaks fluent English

Medicaid eligibility
- ___ Eligible
- ___ Ineligible

Living situation for the child
- ___ Both parents
- ___ One parent and stepparent
- ___ Single parent
- ___ Relatives
- ___ Foster care/out-of-home placement
- ___ Alone or with friends/significant other
- ___ Other

Other services in which the child participated during the school year (*a child can be counted under more than one service*)
- ___ Bilingual Education
- ___ Migrant Education
- ___ Chapter 1 or Learning Assistance Program
- ___ Special Education
- ___ **Total children with services known**

Family Characteristics

Report the characteristics of families when Readiness To Learn services began. Count the number of families with each characteristic.

Primary language in the home
- ___ English
- ___ Spanish
- ___ Other (*specify*) _____
- ___ Other (*specify*) _____

Family medical insurance coverage (*a family can be counted under more than one source*)
- ___ None
- ___ Medicaid
- ___ Washington State Basic Health
- ___ Private plan (employer)
- ___ Other
- ___ **Total families with insurance known**

Sources of family income (*a family can be counted under more than one source*)
- ___ Job (wages or salary)
- ___ Public assistance (AFDC, welfare)
- ___ Unemployment
- ___ Child support or alimony
- ___ Social security, pension, or retirement
- ___ Other
- ___ **Total families with source known**

Highest grade level reached by primary caregiver
- ___ Grade 0-4
- ___ Grade 5-8
- ___ Grade 9-12
- ___ HS diploma, GED
- ___ Some community college, college, or university

Employment status of primary caregiver
- ___ Unemployed or looking for work
- ___ Retired or disabled
- ___ Enrolled in school
- ___ Part-time/seasonal
- ___ Full-time

Linking Children and Families to Services

Report on project staff contacts with families. Count the number of families with each characteristic.

Who was the primary person in the family with whom RTL staff had contact?

___ Child
___ Parent
___ Parent and child together

Status of work with family?

___ Completed work with family
___ Still working with family
___ Discontinued, family moved
___ Discontinued, family declined further participation
___ Other (*specify*) _____

What was the primary role of staff in working with the family?

___ Helped with an immediate, short-term need (*specify*) _____
___ Helped the family through a specific crisis or longer-term need
___ Provided ongoing case management to family with multiple needs
___ Other (*specify*) _____

What methods were used with the family (*a family can be counted under more than one activity*)?

___ Conducted a family needs assessment
___ Developed a written family service plan
___ Provided information about available services
___ Made referrals to other agencies for services
___ Removed barriers to participation in services (e.g, transportation, funds, child care, etc.)
___ Played an advocacy role with social service or other agencies
___ Made periodic follow-ups to monitor family's progress
___ **Total families served**

Which of the following were provided to enable families to participate in services (*a family can be counted under more than one activity*)?

___ Transportation
___ Child care
___ Financial aid (including coupons or certificates)
___ Translation services
___ Legal services
___ Other (*specify*) _____
___ **Total families**

How many times did project staff meet with the family from September 1, 1994, through May 31, 1995 (*include all settings such as home, school, office, or agency but exclude telephone calls and missed or cancelled appointments*)?

___ 1-2 visits
___ 3-5 visits
___ 6-10 visits
___ 11+ visits

Utilization of Services

The table on the next page asks for a record of family participation in services and the role your RTL program had in either providing the service or linking families to community services.

Report the number of families your project served between September 1, 1994 and May 31, 1995 in each service area. Families should be counted by the role RTL played in assisting them. If RTL had a role in assisting the family, also rate the progress made by the family in that area.

Area of service. *Include a family in the counts for each service area where a need for special services has been identified by project staff and the family. Choose the category that best fits the service provided. If necessary, you may add a category in the space provided below each section.*

Role of RTL. *Count each family needing services in an area under one of the following categories:*

a. ***Not available***. *Family had a need for services in this area, but such services were unavailable.*

b. ***No RTL role***. *The family accessed this service on its own or through another program. RTL had no substantive role in linking the family to the service.*

c. ***Linked to service.*** *RTL staff helped the family find services, made referrals to other agencies, removed barriers preventing families from accessing service, or served as an advocate.*

d. ***Provided service***. *Project staff directly provided the service or paid for the service through grant funds (e.g., project staff do not provide dental services but project funds were used to pay the dental bill for selected children). Include services which were provided by staff of cooperating agencies whose salaries were paid in part by project funds or included as in-kind contribution.*

Status. *For those families assisted by RTL, indicate how successful Readiness To Learn was in helping the family meet their needs for special services. Count each family assisted by RTL in one of the following categories:*

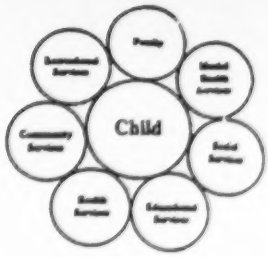
a. ***Not met***. *The family made little or no progress toward meeting their needs.*

b. ***Partially met***. *The family made some progress but special services are still required.*

c. ***Needs met***. *The family made substantial progress and is now self-sufficient (i.e., special services are no longer required in this area).*

Area of Service	Number of families by role of RTL				Number of families by status		
	Not avail	No role	Link	Provide	Not met	Partly met	Needs met
Basic Needs							
Food							
Clothing							
Housing (including emergency shelter, rent, utilities)							
Public assistance							
Transportation							
Other							
Family (*Note: Report adult literacy and ESL under "Employment"*)							
Parenting education							
Life skills							
Family counseling							
Parent support groups							
Mentoring							
Other							
Education of Child							
Early childhood education							
Alternative school program							
Tutoring							
Parent involvement							
Student advocacy							
Behavior management							
Family conference							
Peer support groups							
Other							

Area of Service	Number of families by role of RTL				Number of families by status		
	Not avail	No role	Link	Provide	Not met	Partly met	Needs met
Health							
Health insurance							
Health screenings							
Correct hearing/vision problems							
Dental care							
Immunizations							
Other medical care							
Nutrition							
Other							
Mental health							
Mental health counseling or treatment							
Alcohol and drug support groups, counseling, or treatment							
Domestic violence support groups or counseling							
Sexual assault support groups or counseling							
Other							
Employment							
Adult education (ABE, ASE, GED)							
English as a Second Language (ESL)							
Vocational training							
Vocational counseling, preparation, placement							
Other							



LINKING CHILDREN WITH SERVICES

QUILLAYUTE VALLEY CHILD & FAMILY CONSORTIUM REFERRAL FORM

DATE REFERRED _____

STUDENT'S NAME _____ DOB _____

ADDRESS _____ AGE/GRADE ___/ ___

HOME LOCATION _____ SEX F____ M ____

HOME PHONE _____ WORK PHONE _____

LEGAL GUARDIAN _____

RELATIONSHIP TO STUDENT _____

OTHER CHILDREN IN THE HOME _____

_____

D.S.H.S ASSISTANCE YES _____ NO _____ UNKNOWN _____

REASON FOR CONTACT (i.e. BEHAVIOR, ACADEMIC PERFORMANCE, MEDICAL)

_____

_____

_____

OTHER INFORMATION (i.e. OTHER AGENCY/PROVIDER INVOLVEMENTS) _____

_____

_____

CIRCLE ONE

SCHOOL COUNSELOR / C.D.A. _____ HS MS ES ALT.

TEACHER _____

NOTES: _____

_____

CASE NUMBER 43

READINESS TO LEARN
SUMMER YOUTH RECREATION PROGRAM

JUNE 14-JULY 29 * ELEMENTARY GYMNASIUM
PRE-REGISTRATION
JUNE 8, 9, 10 - 11:30-5:00p.m.
AT FORKS ELEMENTARY SCHOOL

Programs are limited and will fill up. Please register early.

PROGRAMS OFFERED

MONDAY/WEDNESDAY PROGRAM DAY

Program offerings every Monday and Wednesday June 14-July 26 7:30 am 1:00pm Beginning Wednesday, June 15
See back for program descriptions.

PROGRAMS:

***Breakfast Club: 7:30- 9:00 (Monday and Tuesday) (No Breakfast Club on Wednesday) Pre-Registration Required**
***Gymnastics/Tumbling: 9:00, 10:00, 11:00 (Monday and Wednesday) Pre-Registration Required:**
9:00 am Ages 4,5,6, 10:00 am Ages 7,8,9 11:00 am Ages 10,11,12,13
***Clay Crafting: 10:00-12:00 (Monday only) Pre-Registration Required**
***Hobby Crafts: 9:00, 10:00, 11:00 (Monday and Wednesday) Drop-In Activity**
***Lunch/Lunch Activity: 12:00-12:30 BRING YOUR OWN SACK LUNCH**
***PICK-UP TIME: 12:30-1:00.....CLOSURE AT 1:00P.M.**

TUESDAY DAY CAMP:

9 SESSIONS HELD EVERY TUESDAY JUNE 14-JULY 26 * 9:00am-3:00pm (bring sack lunch) ALL GRADES.
GYM ACTIVITIES * ARTS/CRAFTS * FIELD GAMES * MODEL ROCKET CLUB * STORY TIME * AND MORE

SPECIAL EVENTS EACH TUESDAY:

	AM:		PM:	
JUNE 14	10:00	JAZZ DANCE w/ HEIDI OBERFRANC	1:00	"3 ON 3" SLAM BALL (Grades 6+)
JUNE 21	10:00	PRECISION BIKE COURSE	1:00	"HOME RUN DERBY" (Grades 6+)
JUNE 28	10:00	JAZZ DANCE w/ HEIDI OBERFRANC	1:00	OBSTACLE COURSE
JULY 05	10:00	"YANKEE DOODLE DERBY (Wood Cars)	1:00	FLAG FOOTBALL (Grades 6+)
JULY 12	11:00	FLOOR HOCKEY (Grades 1-4)	1:00	FLOOR HOCKEY (Grades 5+)
JULY 19	10:00	FINAL FITNESS TEST & AWARDS	1:00	"3 ON 3" VOLLEYBALL (Grades 6+)
JULY 26	10:00	"IT'S A SUMMER PARTY" FINAL TUESDAY DAY CAMP		

***Registration FEE: $1.00 (Pays for All Seven Tuesday Day Camps!)**

SEE BACK FOR ADDITIONAL PROGRAMS

(Clip here - save top portion for your information)
Please register me for the following:

*Breakfast Club (Monday/Tuesday 7:30-9:00am) _____ (YES)	FEE: $6.00
*Day Camp (Tuesday 9:00-3:00pm) _____(YES)	FEE: $1.00
*Tumbling/Beginning Gymnastics _____(YES)	FEE: $10.00

(CHOOSE ONE) _____ Group 1 10:00-11:00-Ages 4,5,6
_____Group 2 11:00-12:00-Ages 7,8,9
_____Group 3 12:00-1:00 - Ages 10,11,12,13
*Crafting w/Clay (Mondays 10:00-12:00) (YES) FEE: $5.00